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MAY 17 2012

MEMORANDUM

From: *T. L. Emerson*
T. L. Emerson, LCDR
CG HSWL SC (rpcm-hsa)

Reply to: LCDR Emerson
Attn of: (609) 898-6860

To: E. O. Simon, CDR *EO*
CG HSWL SC (rpdcn)

Subj: MAY 2012 PATIENT ADVISORY COMMITTEE (PAC) MINUTES

Ref: (a) CG Medical Manual, COMDTINST M6000.1E, Chap.13-M-2

1. Call to order: The Health, Safety & Work-Life (HSWL) Regional Practice Cape May, Samuel J. Call Health Center's Patient Advisory Committee met on 15 May 2012; LCDR Emerson called the meeting to order at 1400.

2. Members Present:

LCDR T. Emerson	Ms. J. Woods	CDR O. Gibbons
MCPO D. Smith	Ms. S. Schanz	Ms. K. Grant
Mr. D. Hunter	CDR D. Hasenfang	SK1 R. Dietrich

3. New Business:

a. Review Complaint / Concern Process. LCDR Emerson reviewed the four mechanisms for customers of the Samuel J. Call Health Center (SJCHC) to voice their complaints or concerns:

(1) Beneficiaries may speak directly with the Clinic Supervisor (HSCS Seybold), Health Services Administrator (LCDR Emerson), Regional Practice Director (CDR Simon) or speak with the HSWL SC CMC, (MCPO Glen San Nicholas), Deputy (Mr. Munson), or Commanding Officer (CAPT Ty Rinoski).

(2) Beneficiaries may complete a SJCHC patient satisfaction survey which is located in each of the patient waiting rooms.

(3) Beneficiaries may attend the quarterly Patient Advisory Committee meeting.

(4) Beneficiaries may exercise their right to write to their elected government officials / congressman.

b. HIPAA Statement. LCDR Emerson reminded everyone that PAC meetings are held to discuss clinic business and patient concerns and that specific patient treatment details should not be discussed in order to honor the patient's privacy.

c. PAC Meeting Attendance: LCDR Emerson described ideal representation at PAC meetings which would include enlisted and officer representation from each area command, active duty dependent representation, retiree beneficiaries, various military association members and unit Ombudsman.

d. Staffing concerns/updates: LCDR Emerson provided an update on the following staff vacancies:

(1) Medical Officers:

- a. Physicians: One USPHS Physician billet remains vacant (since Jan '12); LCDR Buenaventura is expected through an interservice transfer from the U.S. Army in August.
- b. Physician Assistants: In addition to the 3 AD Physician Assistant billets that are vacant, LT Keplinger PCS departed 9 May & LT James is scheduled to PCS depart on 4 June. We expect two new PA school graduates in mid-late June (ENS Harris & ENS Doepping), the 3 vacant billets are not scheduled for fills this assignment season.

- (2) PHS Medical Officer/Psychiatrist: Our CAPT/O6 PHS psychiatrist billet remains vacant.
- (3) PHS Dental Officers: CAPT Florer PCS departed to Base Kodiak HSWL Department on 13 May; CDR Cordero is scheduled to PCS depart to AIRSTA Miami HSWL Department on June 8. CAPT Scheper is expected to report aboard in August. One of the Dental Officer positions vacated is being transferred to the HSWL Service Center and will be filled by a USPHS Medical Laboratory Technologist. This results in a USPHS Dental Officer PAL reduction at Cape May from 10 billets to 9.
- (4) GS/Registered Nurse: Fully staffed at this time, we anticipate 1 summertime resignation.
- (5) Enlisted Staffing: Currently 43 of 50 positions are filled with one more slated for PCS reassignment this assignment year. There are 8 HS's due to report this assignment year which will result in 50/50 staffing strength.
- (6) Work-Life: We have 1 opening for a new Child Development Care Specialist (GS-11). HR is putting the finishing touches on a vacancy announcement, we expect it to post this position in the next 30 days with a goal to have this position filled by 1 July. This individual will be the primary point of contact and local subject matter expert for all Active Duty Coast Guard members requesting Family Child Care Home certification, seeking quality child care services and school related resources and information.
- (7) Contract Openings: Ms. Carol Renninger resigned her position as contract Physician Assistant after over 10-years of employment; a candidate has been selected to fill this vacancy with an expected start date in June.

e. FY12 Business Plan Goals: The following updates are provided to share HSWL Regional Practice Cape May's progress towards achieving their FY12 Business Plan goals. Each year, CG-11 outlines its critical initiatives for clinics to achieve in the coming fiscal year. Clinics then develop strategies that are communicated on their annual Business Plan as Goals to achieve in the coming year. Regional Practice Cape May's goals this year are based CG-11's critical initiatives and the Military Health Systems (MHS) Quadruple Aim:

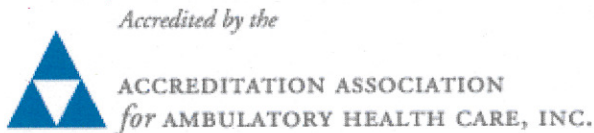
- 1) Goal #1: Readiness – all readiness factors are 95% or greater. Cape May has already met this FY objective and monitors compliance through monthly statistical reports and regular interaction with unit command cadre to address unit readiness needs. Recently annual dental exam and medical test compliance have fallen below 95%; efforts are being made to target these areas to regain goal attainment.
- 2) Goal #2: Experience of Care – Annual Patient Survey continues to trend higher. The annual patient satisfaction survey was distributed to every customer 26 March thru 6 April. We are compiling the survey answers and plan on presenting the results of this survey to the PAC committee in July.
- 3) Goal #3: Population Health – Reduce incidence of febrile respiratory illness in recruits. Adenovirus vaccination for the recruit population began in October; daily FRI reports and weekly summaries are sent to CG-11; no recent spikes in FRI rates.
- 4) Goal #4: Per Capita Cost – Reduce dollars spent by empanelled active duty population on Emergency Room visits, through education, optimal use of MTF for after hours care, and use of civilian urgent care facilities when appropriate. Urgent care reference flyers and wallet cards are being distributed to active duty patients.
- 5) Goal #5: Learning & Growing Focus – Increase educational activities by 25% over previous 2 year average for officer, enlisted and civilian personnel. Through 30 April, FY12 reflects a 28% increase in educational activities over the previous 2-year average. A significant part of this success is due to the diligence of HSCS Seybold at identifying training and TDY opportunities for the Health Services Technicians; HS's have 907 training days and 320 mission support days since the start of the fiscal year.

f. Medical & Dental Readiness for Regional Practice Cape May AOR:

- 1) Periodic Health Assessments: 96.6%
- 2) Dental: 90.3%
- 3) Immunizations: 95.9%
- 4) Medical Tests: 94.7%
- 5) Influenza: 99.5%

g. **Urgent Care Initiative:** The clinic has launched an initiative aimed at reducing emergency room costs for its empanelled population (active duty personnel). Our empanelled population of active duty personnel (which includes recruits) averaged 55.5 visits monthly to emergency rooms for the period 1 May 2010 to 30 Apr 2011. On average TRICARE reimbursed hospitals \$497 per visit. Over the course of the reporting period that equated to 666 emergency room visits totaling \$330,828 dollars paid for ER care. On the other hand, the same population averaged 7 visits monthly to urgent care facilities (58/yr) with an average of \$121/visit paid (\$10,144/year). It is likely that many of the emergency room visits could have been handled in urgent care facilities, which have a lower fee schedule than ER's. It is also very likely that many of these visits could have been adequately cared for in the Cape May Clinic by the after-hours duty section which includes a medical officer on call. In an effort to steer urgent care needs to the CG clinic and/or to area urgent care facilities, the Cape May Clinic has partnered with Health Net to provide educational flyers and "Urgent Care Wallet cards" to the active duty population.

h. **SUCCESS!** The Regional Practice Cape May Clinic underwent its triennial accreditation survey with the Accreditation Association of Ambulatory Health Care (AAAHC) on 12-13 March. I am happy to report that we were awarded a full 3-year accreditation! The successful survey was a result of many hundreds of hours of preparation by our dedicated and professional staff who diligently poured over AAAHC standards to ensure our business practices and patient care meets or exceeds the requirements set forth by AAAHC to provide the highest quality patient care possible.



i. **Smallpox Vaccine:** The Coast Guard suspended administration of this vaccination in 1989 after the World Health Organization concluded that the virus had been eradicated from natural occurrence and only remained in labs for scientific study. In early 2003 the CG, along with the DOD, began vaccinating active duty and reserve forces once again to protect against the Smallpox Virus should it be liberated by terrorists in the form of a biological weapon. Throughout the early months of 2003 all CG forces were immunized and they continue to be immunized at accession points (TRACEN Cape May and CG Academy) to this day. Boosters are recommended for this vaccine every 10 years, which means the Coast Guard must prepare to revaccinate all those in the field that were previously vaccinated. The decision to continue this vaccination is being studied by CG-11 and the DoD, if approved as a continued requirement, CG clinics will begin the process of visiting field units to revaccinate personnel.

j. **Semi-annual Clinic Newsletter:** The Clinic Newsletter was updated in January; the current edition has been released to all hands via email and has been posted on the clinic web site at: http://www.uscg.mil/hq/capemay/activeduty/HS_Main.asp

k. **New Health Record for Active Duty Personnel:** In the first quarter of this FY we reported that the famous birth control glasses (BCG's) were being replaced by a more stylish black frame for standard issue to recruits and last quarter we announced that Cape May would stop use of the Auto-

Injector vaccination system. This quarter we are announcing that effective 23 May; this clinic will roll-out the new Active Duty Health Record. The old health record, which consisted of a blue 6-part medical record and a separate 2-part green dental record, is being replaced by a new 10-part combined medical & dental record. Once we begin implementation for new recruit companies it will hit the field 8-weeks later and begin to pollinate health record shelves CG-wide. The new chart has done away with Social Security Numbers (SSN's) on the record cover which is replaced by the DOD Identification Number; this number may be found on the back of your CAC card. Our new electronic health record "EPIC" is expected to be rolled out in the next year; this new EMR includes a mechanism in which bar code labels are generated and affixed to health records, enabling the use of scanner technology to account for record location anywhere in the CG. An AIG is expected to be released to announce the new health record with directions to health services personnel to begin transitioning to the new record in the field.

1. **NEW!! Employee Assistance Program Contract:** Effective 1 May 2012 the CG launched the new CG Support (CG SUPRT) Program. CG SUPRT replaced the old EAP program including WorkLife4You services. CG SUPRT is a professional counseling service designed to help you with your problems both on and off the job. This service is free, confidential, and voluntary. The EAP is an effective way to deal with work-related issues. Contact Cape May's Employee Assistance Program Coordinator (EAPC), Mr. Glen Corlin, if you have any questions or concerns about this program/contract @ (609) 898-6731. To access CGSUPRT, members can call toll free at 855-CGSUPRT (855-247-8778) or go to the web site at www.CGSUPRT.com. Many of the services being offered under this new contract are enhancements from the previous EAP. Most notably, SELRES and their families are now fully covered, telephonic health coaching services are now included, the number of face-to-face counseling sessions available to covered members has increased from 6 to 12, and tax preparation assistance is available. The CG SUPRT Program, as was the case with our previous EAP, remains confidential within the limits of applicable laws and regulations. All the old EAP contract marketing material should be discarded, updated marketing material will be distributed to all units within 2-months. See enclosure (1) for a list of services.

m. **Transition of Family Member Dental Program from United Concordia to Met Life:** The TRICARE Management Activity awarded the TRICARE Dental Program T-3 Contract to Metropolitan Life Insurance Company, Inc. The contract provides for worldwide, comprehensive dental care coverage to enrollees including family members of Uniformed Service Active Duty personnel and to members of the Selected Reserve and Individual Ready Reserve and their eligible family members. Dental care under the new contract began 1 May 2012. Beneficiaries are urged to ensure that their current dentist is part of Met Life's network; they may do this by visiting the Met Life web-site at <http://www.metlife.com/individual/>, click "find a dentist" at the upper right-hand side of the web page and search for a "Dental PPO" provider. If the dentist is not a member, dentists can apply to become part of this network by visiting <http://www.metdental.com>.

n. **Dental Benefits for Reservists:** Beginning 27 Jan 2012, National Guard and Reserve members separating from active duty after an activation of greater than 30 days in support of a contingency operation began receiving the same dental care benefits as active duty members. The TRICARE Active Duty Dental Program (ADDP) now provides coverage to these members in the Transition

Assistance Management Program (TAMP). ADDP beneficiaries receive active duty dental benefit services as long as the referral and/or authorization requirements are met prior to receipt of care. Authorizations will not be granted for any dental care procedure that cannot be completed within their 180-day maximum TAMP period. See more information about this program at www.addp-ucci.com or www.tricare.mil/tamp.

o. TRICARE Prime and TRICARE for Life enrollee eligibility for care at CG clinics: Per COMDTINST M6000.1E, Chap. 2C and 2D, beneficiaries enrolled in TRICARE Prime (includes TRICARE Prime Remote) and TRICARE for Life are not eligible for non-emergent care in CG Clinics. TRICARE Standard beneficiaries may continue to be seen on a space-available basis for acute health care needs. TRICARE Standard patients with chronic medical conditions are strongly encouraged to obtain care through a civilian primary care manager to ensure continuity of care for their medical conditions. TRICARE Prime and TFL restrictions do not include use of the CG pharmacies staffed with a pharmacist; prescriptions for Prime and TFL beneficiaries can be filled at a pharmacist-staffed pharmacy based on existence of the medication on the DoD Basic Core formulary, product availability, and budgetary constraints.

1) 2.C.1: "Care at Uniformed Services Medical Treatment Facilities. As set forth in 10 USC, 1074(b), retired members of the uniformed services, as specified in that Act, are entitled to required medical and dental care and adjuncts thereto to the same extent as provided for active duty members in medical facilities of the uniformed services. However, access to care is subject to mission requirements, the availability of space and facilities, and the capabilities of the medical staff as determined by the HSWL SC. Patients enrolled in TRICARE Prime Options are not eligible for non-emergent care in CG clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients."

2) 2.D.1.b(1): "Medical and dental care for dependents in Uniformed Services Medical Treatment Facilities is subject to the availability of space and facilities and the capabilities of the medical and dental staff. With the approval of HSWL SC, the Senior Health Services Officer (SHSO) is responsible for determining the availability of space and capability of the medical and dental staffs in CG clinics. These determinations are conclusive. Patients found enrolled in TRICARE Prime are not eligible for non-emergent care in CG clinics. These patients shall be referred to their TRICARE primary care manager (PCM). The PCM is responsible for appropriate care and referral of such patients."

p. Committee Comments:

1) Ms. Grant announced that the Cape May Work-Life Office will be conducting a safe Sitter program for eligible beneficiaries ages 11-17 on 23 June.

2) Mr. Hunter announced that the Cape May TRICARE Service Center is now processing TRICARE enrollments locally; see Ms. Christine Tomkus in the TSC if you have any enrollment needs.

4. Meeting adjournment at 1445. The next PAC meeting has been scheduled for 17 July 2012 at 1400 in the SJCHC conference room.

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Encl: (1) CG SUPRT Flyer

Copy: Health Services Administrator file
CG Portal
Attendees



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CG SUPRT helps you resolve personal problems before they negatively affect your health, relationships with others or job performance. You can contact CG SUPRT 24 hours a day, 365 days a year, by calling one toll-free number: 1-855-CG SUPRT (247-8778)

CG SUPRT provides confidential professional counseling, education, and referral services to you and your family members.

CG SUPRT professionals can help you with a variety of issues:

- marital and family problems
- depression and anxiety
- work-related concerns
- career transition issues
- personal growth and development

In addition, CG SUPRT offers value-added life balance services that are seamlessly integrated into a suite of services. This integration enables members, through one toll-free number, to access important resources and expertise that helps them balance work and life issues.

These services can assist you with a variety of issues, such as:

- parenting and child care
- adoption
- K-12 educational concerns
- colleges and universities
- services for older adults
- balancing work and family
- moving and relocation
- pet care

- locating recreational resources

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More about CG SUPRT . . .

When you call CG SUPRT, you will speak with an experienced and specially trained counselor who will assist you in getting the help you need.

CG SUPRT counseling is goal-oriented and solution-focused. Depending on your situation, the counselor may suggest additional sessions to help you reach your goals.

If the counselor believes that you need specialized or longer-term counseling, you may be referred to another qualified professional. The important thing is that you decide, along with the counselor, about the action plan that is right for you.

Is CG SUPRT confidential?

Confidentiality is a vital part of the program's success. CG SUPRT was designed to benefit you and your family. Your participation in the program will be treated confidentially in accordance with all state and federal laws.

Everyone needs some help every once in a while

Sometimes, circumstances at home can spill over into your work life, just as difficulties on the job can affect relationships at home. If left unattended, issues that were once minor can become more serious and have a negative effect—both at home and at work.

When times get tough, most of us can benefit from talking through our problems with someone who is experienced and objective. Someone who can help us sort things out . . . a professional who will listen in confidence and help us find a good solution.

CG SUPRT can do just that. All you need to do is call!

Is there a cost for CG SUPRT services?

Telephonic consultation and face-to-face sessions with a counselor are provided at no cost to you. Sometimes, additional counseling, resources, or specialized treatment may involve additional costs; it depends on your health plan benefits.

Your CG SUPRT counselor will research the most appropriate and affordable resources to help meet your needs. Your counselor can help you determine if extended services are covered under your health plan and what the approximate cost of services would be.

Please do not hesitate to use this valuable service whenever you need it. It's easy to access, free, and confidential.

Would you like information without seeking counseling?

For much more information on individual and family support programs, you can also go to the CG SUPRT website at <http://www.CGSUPRT.com>